## **2013 KIDS CONNECTION REGISTRATION FORM**

## **Evergreen Recreation Center**

Participant's Name:		Birth date:	Male Female
Address:		City:	Zip:
Mother/Guardian			
Name:	Phone: (H)	(W)	(Cell)
Father/Guardian			
Name:	Phone: (H)	(W)	(Cell)
Date(s) Enrolling Child: (circle)			
Feb 19 March 14 March 15 Mar	rch 18 March 19 Marc	h 20 March 21 March 2	22 April 18 April 19
judgments, damages or injuries of every kind activities for which the participant is registeri understand the hazards and the participant's Liability Waiver, Release and Indemnity Agres sustained as a result of any activity for which Signature of Responsible Adult/Gu	ng. I further acknowledge that is personal limitations and knowledgement, and understand that I an I am registering a minor child.	I have familiarized myself with the ngly assume all risks. I acknowle im waiving any claim that may ari	e descriptions of the activities, edge I have read and understand this se against the City for any harm
For publicity purposes I give perm	ission to use any photo o	of people I am registering.	Initial
The Wichita Park & Recreation Department do Department if you need special accommodatio Disabilities Act (ADA), a federal anti-discrimina basis of disability in services, programs, or acti	ns to participate in our programs. Ir tion statute designed to remove ba	providing services to the public, the	City must comply with the Americans with
Office Use Only:			
Date Registered: Am	ount Paid:	_	
How Paid: Cash Check	Vica MCard CD	S Vision Card	